

PATENT
US Serial No. 09/970,453

Attorney Docket No. 02174-00241US

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DEC 30 2003

Name: *Greg Heinkel*Signed: *[Signature]*Date: *Dec 30, 2003*

OFFICIAL

Appl. No.	:	09/970,453	Confirmation No. 9637
Applicant	:	Eyal and Quake	
Filed	:	10/02/2001	
TC/AU	:	1641	
Examiner	:	Cook, Lisa V.	
Docket No.	:	020174-002410 US	
Customer No.	:		

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office action mailed October 2, 2003, please amend the above-identified application as follows and consider the accompanying remarks:

Amendments to the Specification - NONE.

Amendments to the Claims are reflected in the listing of claims which being on page 2 of this paper.

Amendments to the Drawings - NONE

Remarks/Arguments begin on page 6 of this paper.

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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0851-0031

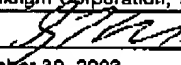
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

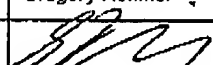
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/970,453	
	Filing Date	Oct 2, 2001	
	First Named Inventor	Eyal, Shulamit	
	Art Unit	1641	
	Examiner Name	Lisa V. Cook	
Total Number of Pages in This Submission	10	Attorney Docket Number	02174-002410US

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks PLEASE DO NOT CHANGE CORRESPONDENCE ADDRESS		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Filed under 37 USC 1.34(a) by Gregory L. Heinkel, Reg. No. 44,755 c/o Fluidigm Corporation, 7100 Shoreline Court, So. San Francisco, CA 94080 (650) 266-6036
Signature	
Date	December 30, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Type or printed name	Gregory Heinkel
Signature	
Date	December 30, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0551-0032

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant Claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT ~~16,440.00~~ 210.00

Complete if Known	
Application Number	09/970,453
Filing Date	10/2/2001
First Named Inventor	Eyal, et al.
Examiner Name	Cook, Lisa V.
Art Unit	1641
Attorney Docket No.	02174-002410US

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number	502508		
Deposit Account Name	Fluidigm Corporation		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account			
1. BASIC FILING FEE		3. ADDITIONAL FEES	
Large Entity	Small Entity	Large Entity	Small Entity
Fee Code	Fee Code	Fee Code	Fee Code
Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Fee Description	Fee Description	Fee Description	Fee Description
Fee Paid	Fee Paid	Fee Paid	Fee Paid
1001 770	2001 385	1051 130	2051 85
1002 340	2002 170	1052 50	2052 25
1003 530	2003 265	1053 130	2053 130
1004 770	2004 385	1812 2,520	2520 2,520
1005 160	2005 80	1804 920*	2520 920*
SUBTOTAL (1) (\$)		1805 1,840*	2520 1,840*
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1251 110	2251 55
Total Claims Independent Claims	Extra Claims	1252 420	2252 210
Multiple Dependent	Fee from below	1253 950	2253 475
Large Entity	Small Entity	1254 1,480	2254 740
Fee Code	Fee Code	1255 2,010	2255 1,005
Fee (\$)	Fee (\$)	1401 330	2401 165
Fee Description	Fee Description	1402 330	2402 165
1202 18	2202 9	1403 290	2403 145
1201 86	2201 43	1451 1,510	2451 1,510
1203 290	2203 145	1452 110	2452 55
1204 86	2204 43	1453 1,330	2453 665
1206 18	2205 9	1501 1,330	2501 665
SUBTOTAL (2) (\$)		1502 480	2502 240
* or number previously paid, if greater. For Reissues, see above		1603 640	2603 320
		1460 130	2460 130
		1807 50	2807 50
		1806 180	2806 180
		8021 40	2021 40
		1809 770	2809 385
		1810 770	2810 385
		1801 770	2001 300
		1802 900	2802 900
		Other fee (specify)	
		SUBTOTAL (3) (\$210.00)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Gregory Heinkel	Registration No. (Attorney/Agent)	44755
Signature		Telephone	650.266.6036
		Date	Dec 30, 2003

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